

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 60/523856

FILING DATE

APPLICANT(S)

2-7-05

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.	
	1	/	/	/	/	/	/	51					
2				/				52					
3				/				53					
4				/				54					
5				/				55					
6				/				56					
7				/				57					
8				/				58					
9				/				59					
10				/				60					
11				/				61					
12				/				62					
13				/				63					
14				/				64					
15				/				65					
16				/				66					
17				/				67					
18				/				68					
19				/				69					
20				/				70					
21				/				71					
22				/				72					
23				/				73					
24				/				74					
25				/				75					
26				/				76					
27	1			/				77					
28				/				78					
29				/				79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2			3				TOTAL IND.					
TOTAL DEP.	27	↔		36	↔			TOTAL DEP.					
TOTAL CLAIMS	29			29				TOTAL CLAIMS					